Sample Student
Retention Policy

Documented exceptions to these procedures may be made in special situations (i.e. special education students) with the approval of the school principal and Superintendent of Education.

1. If the student is failing to make normal progress, the parents must be notified early, so that the school and home may cooperate in helping him/her achieve greater success.

2. Most retention should be at the primary level. However, older students may be considered if it is strongly felt that retention will help the student.

3. No student shall be retained more than one year.

4. *Light’s Retention Scale*, or another formal assessment, must be completed prior to the teacher/principal conference.

5. The teacher is to discuss possible retention with the principal prior to discussion with the parent.

6. A Student Retention Request form and Parent Consent Form for Retention must be on file at the school with a copy sent to the Conference Office of Education by April 15.

7. The Conference Office of Education will evaluate the retention request and communicate the decision to the principal with a copy to the classroom teacher.

8. Parent notification of the recommendation to retain is to be given as early as possible in the school year, but no later than April 30.

9. If an appeal process is requested, a review committee will be appointed by the Superintendent of Education.

Additional information regarding Student Retention is on pages 42-45 of the NPUC Teacher Handbook located on the NPUC website.
Student Retention Request
North Pacific Union Conference

Student’s Name __________________________________________ Grade ______ Date __________

Student’s Birthdate ________________ Age when entering 1st Grade ______ years ______ months

School _______________________________ Teacher _______________________________

Parent (s) Names ___________________________ _______________________________

Siblings
____________________________________
____________________________________
____________________________________

Comments
____________________________________
____________________________________
____________________________________

I. School Staff Observations

Vision Problem yes/no Describe ________________________________________________

Hearing Problem yes/no Describe ______________________________________________

Speech/Language Problem yes/no Describe ________________________________________

Diagnosed Learning Disability yes/no Describe ____________________________________
II. Formal Assessment Results

Test used __________________________ Date Assessment Completed _________

Attach copy of Student Profile results OR outline results __________________________

______________________________________________________________________________

______________________________________________________________________________

III. Previous Attempts to Assist Student (describe frequency)

<table>
<thead>
<tr>
<th></th>
<th>Current Year</th>
<th>Previous Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Special Education</td>
<td></td>
<td></td>
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<tr>
<td>Speech Therapy</td>
<td></td>
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<tr>
<td>Tutoring</td>
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<tr>
<td>Other</td>
<td></td>
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</tbody>
</table>
IV. Academic Plan

Describe the academic plan for this student in a retention program including an appropriate time line for completion.

<table>
<thead>
<tr>
<th>Subject</th>
<th>Academic Plan</th>
<th>Projected Date of completion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bible</td>
<td></td>
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<tr>
<td>Language Arts</td>
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<tr>
<td>Math</td>
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<tr>
<td>Science</td>
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<tr>
<td>Social Studies</td>
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</tbody>
</table>

V. Parent Participation

Describe parent(s) perceptions and concerns ______________________________
______________________________
______________________________
______________________________

Dates of parent-teacher conferences this year ___________ ___________ ___________

Parent signature from last conference ______________________________

Results of conferences ______________________________

VI. Steps for Retention

Teacher/principal conference ______________________________ Date ___________

Teacher/parent conference (most recent) ______________________________ Date ___________

Parent Consent Form for Retention completed ______________________________ Date ___________

Superintendent of Education review ______________________________ Date ___________

Decision ______________________________ Date ___________

Parent Consent Form for Retention

School __________________________ Date ______________

Student Retention

As a follow-up to our previous conversation, I (agree) (do not agree*) with the recommendation that __________________________ be retained in grade _______ for the ____________ school year.

Parent/Legal Guardian __________________________ Date ______________
Teacher ______________________________________ Date ______________
Principal ______________________________________ Date ______________

Parent/Legal Guardian Statement (use back of page if needed)
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

*In the event the decision of the principal and the conference office of education is to retain the student without parent/guardian agreement, the parent/guardian may appeal the decision through the conference office of education. A review committee, appointed by the Superintendent of Education, will study the information and make a recommendation. Final decision rests with the school authorities.

c: Superintendent of Education
Principal
Student’s cumulative folder